

Application for Medical Doctor (MD) Plates



www.mass.gov/rmv

Registry of Motor Vehicles
P.O Box 199100
Boston, MA 02119-9100
Attn: Special Plates



Medical Doctor plates can only be registered by Massachusetts residents who are actively registered by the Board of Registration in Medicine.

Customer Information (please print)

Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

Current Plate # (if applicable): _____ Driver's License #: _____

Signature: _____ Date: _____

Bring this form to the Board of Registration in Medicine and have it completed by a designated representative.

The board's address is:

Board of Registration in Medicine
560 Harrison Ave
Boston, MA 02118

When this application is completed, bring it to any full service Registry branch to get your plates.

Board Of Registration Certification

I hereby certify that _____ is licensed by the Commonwealth of
(Name of Physician)
Massachusetts as a:

☐ Doctor of Medicine (License # _____)

☐ Doctor of Osteopathy (License # _____)

Signature of Board Official

Print Name

Official Capacity

Telephone #

Registry Use Only:

MD Plate #: _____ Date Issued: _____ Batch #: _____